

9707

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Cochise</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>359</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registered No. <u>1987</u>
Town	<u>Benson</u>		Local Registrar's No. _____
Or City			
No. _____ St. _____		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>Mary M. Guin</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u>	DATE OF DEATH <u>Oct. 25</u> 191 <u>6</u>	
	Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input checked="" type="checkbox"/>	(Month) (Day) (Year)	
DATE OF BIRTH <u>Oct. 25</u> 191 <u>6</u>		I hereby certify, that I attended deceased from <u>Oct. 25</u> 191 <u>6</u> to <u>Oct. 25</u> 191 <u>6</u> ; that I last saw her alive on <u>Oct. 25</u> 191 <u>6</u> , and that death occurred on the date stated above at <u>12:30 P.</u> M. The DISEASE or INJURY causing Death was as follows: <u>Premature Birth</u>	
AGE _____ yrs. _____ mos. _____ days _____ hrs. or _____ min. <u>20</u>		About <u>5 1/2</u> months	
OCCUPATION (a) Trade, profession or particular kind of work <u>None</u>		(Duration) _____ yrs. _____ mos. _____ days	
(b) General nature of industry, business, or establishment in which employed or (employer)		Was disease contracted in Arizona? _____	
BIRTHPLACE (State or country) <u>Arizona</u>		If not, where? _____	
PARENTS	NAME OF FATHER <u>John M. Guin</u>	CONTRIBUTORY _____	
	BIRTHPLACE OF FATHER <u>Kentucky</u>	(Duration) _____ yrs. _____ mos. _____ days	
	MAIDEN NAME OF MOTHER <u>Mary J. McRae</u>	(Signed) <u>W. H. Thompson</u>	
	BIRTHPLACE OF MOTHER <u>Mo.</u>	<u>Oct. 25</u> 191 <u>6</u> (Address) <u>Benson</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Informant) <u>John M. Guin</u>		LENGTH OF RESIDENCE _____	
(Address) _____		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
PLACE OF BURIAL OR REMOVAL <u>Benson</u>	DATE OF BURIAL OR REMOVAL _____ 19 <u>16</u>	Former or Usual Residence _____	
UNDERTAKER <u>Benson</u>	ADDRESS <u>Benson</u>	Filed <u>Oct 26</u> 191 <u>6</u> <u>H. Sullivan</u> Local Registrar	
		Filed <u>Dec 26</u> 191 <u>6</u> <u>W. H. Thompson</u> County Registrar	